

10:00 - 10:10 am

10:10 - 10:20 am

10:20 - 11:20 am

11:20 am - 11:30 am

11:30 am - 12:30 pm

12:30 - 12:45 pm

Welcome

ECHO Update

- American Indian Health Care Mary Lynne Billy Old Coyote,
 Director, Office of American Indian Health
 - Discussion of questions from July meeting:
 - What is one concrete step you or your organization will do differently based on what you learned?
 - What could we do better collectively as a Council than we could individually to improve health equity?
- Break
- Comprehensive Primary Care Plus John Hannigan, Denver CMS Regional Office, Area Regional Administrator for the Division of Financial Management and Fee For Service Operations, and Dustin Allison, Center for Medicare and Medicaid Innovation
- Public Comment

ECHO Updates

Indian Health Service, Tribal and Urban (ITU)

American Indian Health Care

Overview

Indian Reservations in Montana



American Indian Health Care Delivery

American Indian Health Delivery System

8

Unique Health Delivery System in the State of Montana

1

2

3

Direct Service
Facilities and
Programs
Indian Health
Service (IHS)

"Contracted" (638)
Facilities and
Programs Operated
by Both Tribes and
IHS

"Compacted"
Facilities and Programs
Operated by Tribes

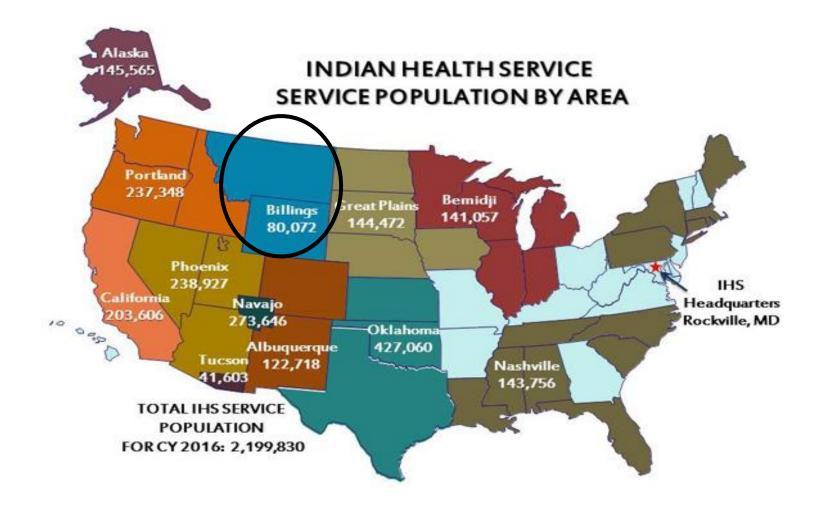
4

Urban Indian Health Programs

IHS also contracts with, or makes grants to, nonprofit Urban Indian Health Programs

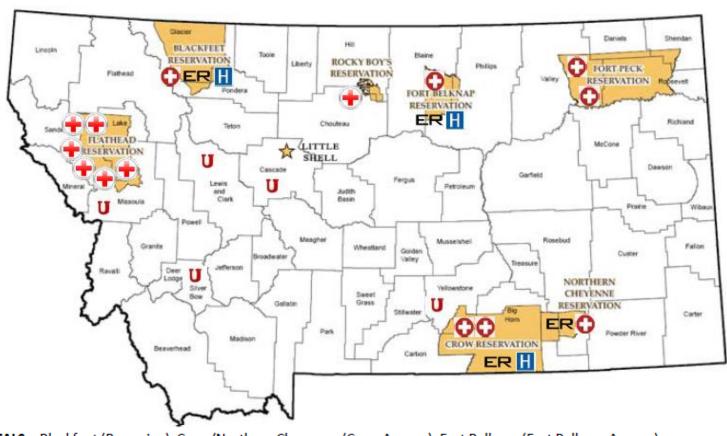


Indian Health Service



Indian/Tribal/Urban Providers in Montana







IHS HOSPITALS - Blackfeet (Browning), Crow/Northern Cheyenne (Crow Agency), Fort Belknap (Fort Belknap Agency)



EMERGENCY ROOMS - Blackfeet (Browning), Crow (Crow Agency), Fort Belknap (Fort Belknap Agency), Northern Cheyenne (Lame Deer)



IHS CLINICS - Blackfeet (Heart Butte); Crow (Lodge Grass, Pryor); Fort Belknap (Hays); Fort Peck (Poplar, Wolf Point); Lame Deer (Northern Chevenne);



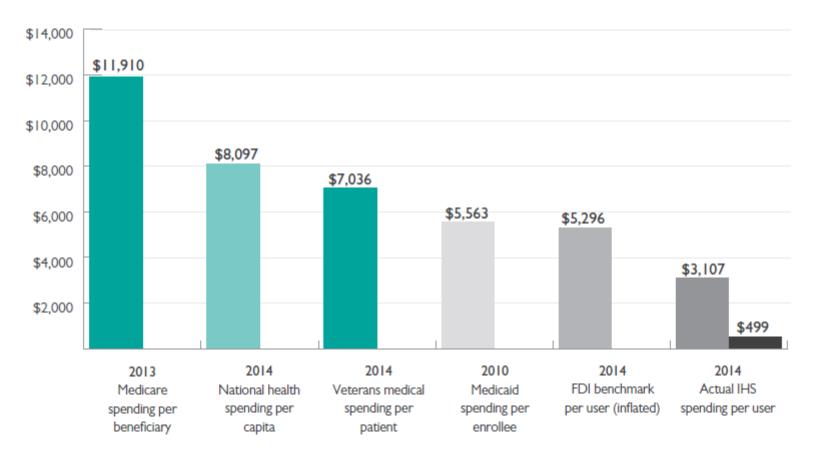
TRIBALLY-OPERATED CLINICS - Flathead (Arlee, Elmo, Polson, Ronan, St. Ignatius and Salish Kootenai College); Rocky Boy's (Rocky Boy Agency)



URBAN INDIAN CLINICS - Billings, Butte, Great Falls, Helena, Missoula

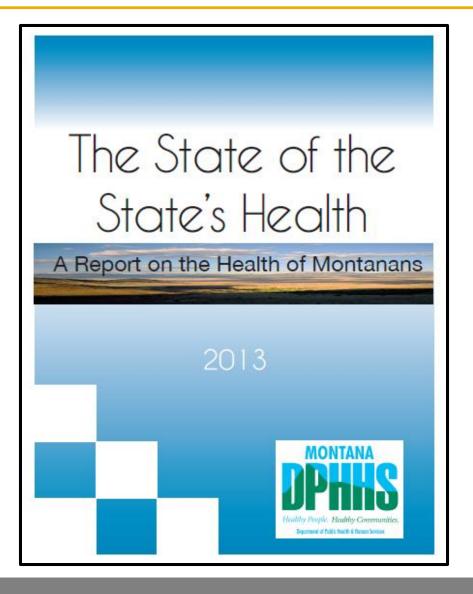
IHS Expenditures Per Capita and Other Federal Health Care Expenditures

2014 IHS Expenditures Per Capita and Other Federal Health Care Expenditures



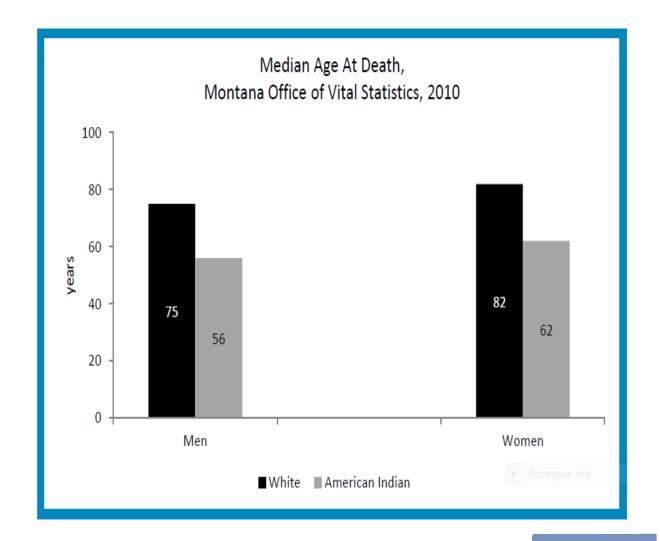
Source: The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2017 Budget.

State of the State's Health American Indian Residents



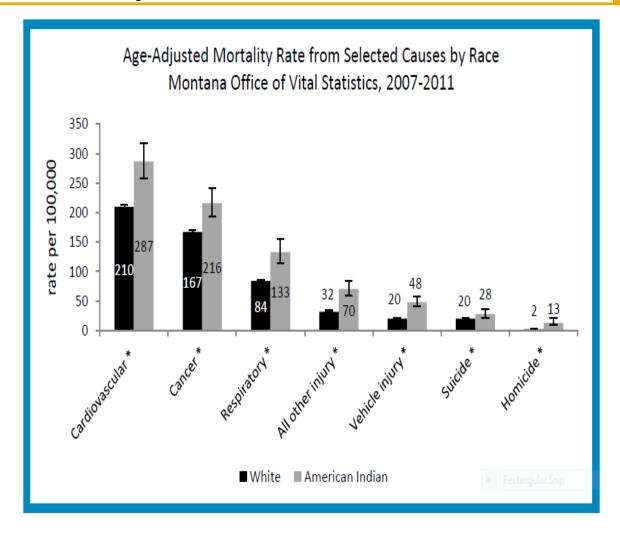
Median Age At Death

White men in Montana lived 19 years longer than American Indian men, and white women lived 20 years longer than American Indian women. White women lived seven years longer than White men, and American Indian women lived six years longer than American Indian men.



Age-Adjusted Mortality Rate

The age-adjusted mortality rate for White residents of Montana was substantially lower than for American Indian residents: 742.6 per 100,000 (95% Confidence Interval 735.4 -749.7) compared to 1184.6 per 100,000 (1129.9-1242.0). In addition, the mortality rates for many individual causes of death were lower for White residents than for American Indian residents.



^{*} American Indian mortality rates statistically significantly higher than White mortality rates.

The Quest for Quality Indian Healthcare

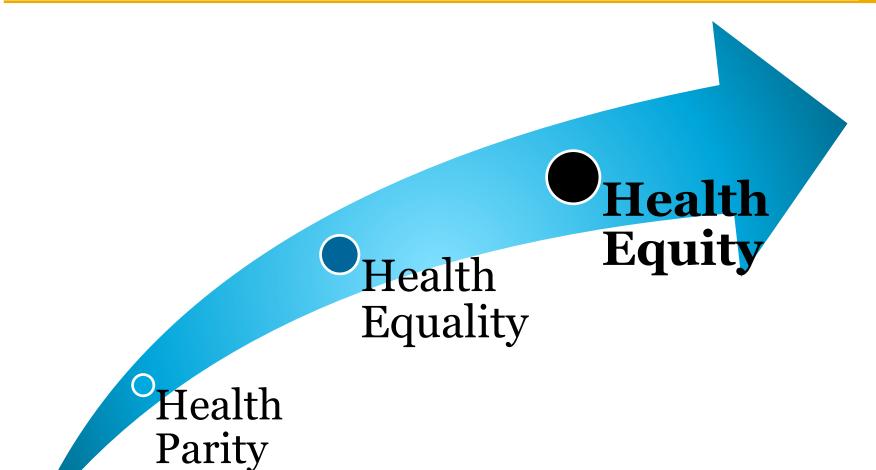
FY2018 TRIBAL BUDGET RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HEALTH &HUMAN SERVICES National Tribal Budget Formulation Workgroup Presentation HHS 18th Annual Tribal Budget Consultation

American Indian Health

- Unique Nature of the Health Care Delivery System
- Relationships with Federal, State, and Tribal Governments
- Indian Health Care Improvement Act (PL 94-437)
- Sovereignty & Self-Determination (PL 93-638)
- Resources and funding for Indian Health Service
- Urban Indian Health funding and support
- Support and funding of Public Health Programs in Indian Country

American Indian Health

- Medicaid and Medicare Interaction
- Medicare Like Rates for IHS and Tribes
- Special Diabetes Program for Indians
- Affordable Care Act and Implementation Opportunities
- Data and Research, Data Coordination and Tribal Data Sharing Agreements
- Tribal Premium Sponsorship
- Health Parity, Health Equity, Health Equality



Visionary

Tribal Sponsored Health Insurance Premium

November, 2016

Montana Tribal Premium Sponsorship Summit

Introduce, foster, and facilitate discussion and opportunities for Montana Tribal Premium Sponsorship. A meeting of Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, and other top leadership. Event will be focused upon top leadership, or people of influence. The intention is to provide a setting for active learning, discussion, debate, and support.

Participants: Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, IHS, Tribal CFO/Finance Officer, Chief of Staff, DPHHS, RMTLC, MTCC, MAIWAC

Strategies

February, 2017

Montana Tribal Premium Sponsorship Workshop

Based upon the collective and support from the Summit, the workshop will focus upon specific engagement by individuals directly involved in the formation, creation, and management of a Tribal Premium Sponsorship program or plan. Individuals will be involved in discussing a plan and policies for the performance and implementation of a plan. At the conclusion of the workshop, a best practices tool kit will be provided to support the next steps.

Participants: Tribal Health Directors, Urban Indian Health Directors, IHS, Payors, Tribal Finance, Providers (top 10?), DPHHS, RMTLC, MTCC, MAIWAC

Performance

April, 2017

Montana Tribal Premium Sponsorship Training

The Montana Tribal Premium
Sponsorship Training will focus upon providing learning to create the necessary performance and execution of the Program or Plan.
The training will be based in activities and actions related to the program function. The training will discuss necessary operational infrastructure, administration, staffing, and management.

This differs from the two previous offerings as training will support the implementation and performance of the program to achieve expectations and measurements necessary for success.

Participants: Tribal Health Directors, Urban Indian Health Directors, Staff (Tribal/Urban) IHS, Payors, Finance, DPHHS, RMTLC, MTCC, MAIWAC

Comprehensive Primary Care Plus

- John Hannigan, Denver CMS Regional Office, Area Regional Administrator for the Division of Financial Management and Fee For Service Operations
- Dustin Allison, Center for Medicare and Medicaid Innovation

Public Comment